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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	PU020393
First Named Inventor	Norton Rodrigues, et al.

COMPLETE IF KNOWN

Application Number	/
Filing Date	September 12, 2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Associating Notifications of the Status of a Data Network by Use of a Topology
Editor**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **9/12/2003** as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/410,118	September 12, 2003	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

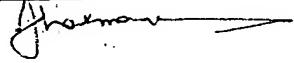
Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="text"/>	OR	<input type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON MULTIMEDIA LICENSING INC.				
Address	PO Box 5312				
City PRINCETON			State NJ	ZIP 08543-5312	
Country USA	Telephone (609) 734-9404		Fax (609) 734-6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>100</u> NORTHON			Family Name <u>RODRIGUES</u> or Surname		
Inventor's Signature <u>northon</u>			Date <u>12-18-2000</u>		
Residence: City OREGON CITY	State OREGON	Country US	<u>DR</u>	Citizenship US	
Mailing Address					
Mailing Address 18220 s. Shiloh Lane					
City Oregon City	State Oregon	ZIP 97045	Country US		
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>200</u> LAXMAN JODUMATT			Family Name <u>BHAT</u> or Surname		
Inventor's Signature			Date		
Residence: City MANGALORE	State	Country INDIA	<u>JN</u>	Citizenship INDIAN	
Mailing Address					
Mailing Address 11-1-31 Near City Bakery, Flower Market Street					
City Mangalore	State	ZIP	Country India		
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Name	JOSEPH S. TRIPOLI					
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City PRINCETON			State NJ	ZIP 08543-5312		Fax
Country USA	Telephone (609) 734-9404					(609) 734-6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	NORTHON		Family Name RODRIGUES or Surname			
Inventor's Signature						Date
Residence: City OREGON CITY	State OREGON	Country US	Citizenship US			
Mailing Address						
Mailing Address	18220 s. Shiloh Lane					
City Oregon City	State Oregon	ZIP 97045	Country US			
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	LAXMAN JODUMATT		Family Name BHAT or Surname			
Inventor's Signature						Date 12-18-2003
Residence: City MANGALORE	State	Country INDIA	Citizenship INDIAN			
Mailing Address						
Mailing Address	11-1-31 Near City Bakery, Flower Market Street					
City Mangalore	State	ZIP	Country India			
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
ANIL <i>Ashwina</i>		SHARMA		
Inventor's Signature				Date 12-18-2003
Residence: City <u>BANGALORE</u>	State	Country <u>INDIA</u>	<u>IN</u>	Citizenship INDIAN
Mailing Address				
Mailing Address Flat No. C-1, Annapoorna Apartments, Seethapa Colony, New Thippasandra				
City <u>Bangalore</u>	State	ZIP	Country	INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
KRISHNA NADH <i>M. Krishna Reddy</i>		MANEPALLI		
Inventor's Signature				Date 12-18-2003
Residence: City <u>ANDHRA PRADESH</u>	State	Country <u>INDIA</u>	<u>IN</u>	Citizenship INDIAN
Mailing Address				
Mailing Address c/o Kalyani Fancy Stores, Main Road, Agiripalli, Krishna District				
City <u>ANDHRA PRADESH</u>	State	Zip	Country	INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
CHITTEPU VENKATARAMI <i>C.V. Ramu Reddy</i>		REDDY		
Inventor's Signature				Date 12-18-2003
Residence: City <u>BANGALORE</u>	State	Country <u>INDIA</u>	<u>IN</u>	Citizenship INDIAN
Mailing Address				
Mailing Address No. 176, 16th Main, 7th Cross, B.T.M. 2nd Stage, E.W.S. Layout				
City <u>Bangalore</u>	State <u>India</u>	Zip	Country	India

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Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, If any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name (first and middle [if any]) <i>600</i>	Family Name or Surname <i>SUMA</i>		
Inventor's Signature <i>Suma</i>	Date 12-18-2003		
Residence: City <u>BANGALORE</u>	State	Country INDIA <u>IN</u>	Citizenship INDIAN
Mailing Address			
Mailing Address "Anugraha", No. 33, 4th Cross, 2nd Left, Ganesha Block, Dinnur Main Road, R.T. Nagar Post			
City Bangalore	State	ZIP	Country INDIA
Name of Additional Joint Inventor, If any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
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Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Northon Rodrigues et al
Title Associating	Notifications of the Status
Art Unit of a Data Network By Use of a	
Examiner Name Topology Editor	
Attorney Docket Number	PU020393

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

24498

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

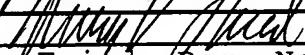
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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Thomson Licensing Inc.			
Address		Patent Operations, P.O. Box 5312			
City	Princeton	State	N.J.	Zip	08543-5312
Country	USA				
Telephone	609-734-6811	Fax	609-734-6888		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	4 March 2005
Name	Harvey D. Fried, Reg. No. 28,298	Telephone	609-734-6811
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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THOMSON LICENSING S.A.

We,

THOMSON Licensing S.A..
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.

J. S. Tripoli

SIGNED

BEST AVAILABLE COPY

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THOMSON LICENSING S.A.

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46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

does hereby grant

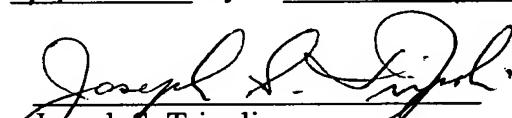
Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
Ronald H. Kurdyla - Manager
Robert D. Shedd - Manager

Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17th day of March, 2004.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS



POWER OF ATTORNEY
THOMSON LICENSING S.A.

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

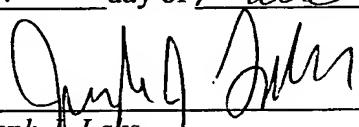
does hereby grant

Joel M. Fogelson
Patent Counsel
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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DATED this 17 day of March, 2004.

SIGNED



Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS

